

ADMINISTRATIVE SECRETARY

Supplemental Questionnaire

NAME: _____
(Last) (First) (Middle Initial) Social Security Number

Your responses to this supplemental questionnaire will be used to help determine how you meet the minimum qualifications. Submit this completed supplemental questionnaire along with your application form and promotional assignment preference form.

NOTE: Resumes, letters, and other materials will not be considered as responses to the items in the supplement. All applicants must sign this form.

1. Can you type accurately at a speed of 50 words per minute? Yes ☐ No ☐
2. Do you have experience answering phones including taking messages and transferring calls when necessary? Yes ☐ No ☐

If yes, complete the section(s) below.

Job Title: _____
Employer: _____
Dates: _____ to _____

Job Title: _____
Employer: _____
Dates: _____ to _____

3. Do you have experience working with the public including greeting customers and answering inquiries face-to-face or in person? Yes ☐ No ☐

If yes, complete the section(s) below.

Job Title: _____
Employer: _____
Dates: _____ to _____

Job Title: _____
Employer: _____
Dates: _____ to _____

4. Do you have experience receiving mail including forwarding to the appropriate person and preparing written and/or email responses as needed? Yes ☐ No ☐

If yes, complete the section(s) below.

Job Title: _____
Employer: _____
Dates: _____ to _____

Job Title: _____
Employer: _____
Dates: _____ to _____

5. Do you have experience posting legal notices, preparing agendas, assembling background materials, and typing minutes of meetings? Yes ☐ No ☐

If yes, complete the section(s) below.

Job Title: _____
Employer: _____
Dates: _____ to _____

Job Title: _____
Employer: _____
Dates: _____ to _____

I certify that all the statements made in this application supplement are true, complete and correct to the best of my knowledge and are made in good faith. I understand that any misrepresentation and/or falsification of my answers may result in rejection of my application for this recruitment. My signature authorizes Placer County to make any appropriate investigations to verify information.

Signature of Applicant: _____ Date: _____